			R REIMBURSEMENT EXPENDITURES	DEPARTMENT OR ESTABLIS	DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE			2. VOUCHER NUMBER					
			FICIAL BUSINESS			3. SCHEDULE NUMBER							
			Read the Privacy Act	Statement on the back of the	his form.		5. PAII	D BY					
4.	a. NAME	(Last, i	first, middle initial)	b. SOCIAL SECURITY									
٦.					b. SOCIAL SECURIT	i NO.							
⊨	o MAILI	NC ADD	DRESS (Include ZIP Code)										
CLAIMANT	C. WAILI	NG ADL	ncess (moude zir code)	d. OFFICE TELEPHO									
CL													
6.	EXPEN	DITUF	RES (If fare claimed in col. (g) e claimant.)	exceeds charge for one pe	rson, show in col. (h) t	he number o	of addition				anied	the	
	DATE	С	Show appropriate code in col. (b): A - Local travel		MILEAGE		AMOUNT CLAIMED						
VD		O	B - Telephone or telegraph, or C - Other expenses (itemized)			RATE Ć				ADD	TIPS AND		
YR		E	, ,	(Explain expenditures in specific detail.)			MILEA	GE	FARE OR TOLL	PER- SONS	MISCEL- LANEOUS		
	(a)	(b)	(c) FROM	' 	d) TO	NO. OF MILES (e)	(0)						
	(a)	a) (b) (c) I Now			(6)		(f)		(g)	(h) (i))	
		_											
_													
_													
If additional space is required continue on the back. SUBTOTALS CARRIE BACK					D FORWARD FROM THE								
7.	AMOUI	NT CL	AIMED (Total of cols. (f), (g) ar	nd (i).)	TOTALS								
	as neces <i>are includ</i>	sary in ded, the	proved. Long distance telephone ca the interest of the Government. (No e approving official must have been a department or agency to so certify (3	I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me. Sign Original Only									
			Sign Original Only	CLAIMANT									
				SIGN HERE									
OF	PROVING FICIAL	>		a. PAYEE (Signature) b. DATE RECEIVED									
	N HERE This clain	n is cer	tified correct and proper for paymen	-				c AM	OUNT				
Sign Original Only					\$								
OF	RTIFYING FICER			DATE	12. PAYMENT MADE BY CHECK NO.								

OFFICER SIGN HERE

ACCOUNTING CLASSIFICATION